PTO/SB/21 (04-04)
Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paper Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

NAVDLA.		Application Number	09/852,206				
TRANSMITTAL			Filing Date	May 9, 2001			
FORM			First Named Inventor	Bruce A. Olsen			
(to be used for all correspondence after initial filing)		Art Unit	2672				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Examiner Name	C. Harrison			
Total Number of Pages in This Submission 5			Attorney Docket Number	11621/53970			
Total relined. Ser ages in this debridship 5							
ENCLOSURES (Check all that apply)							
	Fee Transmittal Form		Drawing(s) [ Licensing-related Papers		— to Ted	Allowance communication thrology Center (TC)	
x Amendment / Reply			Petition [		of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)		
After Final			Petition to Convert to a			ietary Information	
Affidavits/declaration(s)			Provisional Application Power of Attorney, Revocation Change of Correspondence Address		Statu	s Letter	
Extension of Time Request			Terminal Disclaimer			Enclosure(s) (please fy below):	
Express Abandonment Request			Request for Refund				
Information Disclosure Statement		<u> </u>	CD, Number of CD(s)				
Certified Copy of Priority Document(s)		Rem	<u>larks</u>				
Response to Missing Parts/ Incomplete Application							
Response to Missing Parts under 37 CFR 1.52 or 1.53							
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT							
Firm							
or Individual name							
Signature Que for a signature							
Date	November 29, 2004						
CERTIFICATE OF TRANSMISSION/MAILING							
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.							
Typed or printed name Heather Woods							
Signature Lamber V			Nods		Date	November 29, 2004	

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

## DEC 0 1 2004 THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant

Bruce A. Olsen

Art Unit

2672

Serial No.

09/852,206

Examiner

: C. Harrison

Filed

: May 9, 2001

Docket No.

: 11621/53970

Customer No.:

: 26869

Title

Split Screen GPS and Electronic Tachograph

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

## RESPONSE TO NOTICE OF NON-COMPLIANT AMENDMENT UNDER 37 CFR § 1.121

Dear Sir:

In response to the Office Action dated October 27, 2004, please amend this Application as follows.

Listing of Claims: A Listing of Claims with corrected status identifiers begins on page 2 of this paper.

## CERTIFICATE OF MAILING/TRANSMISSION 37 CFR §1.8(a)

I hereby certify that, on the date shown below, this correspondence is being:

**MAILING** 

deposited with the United States Postal Service as first class mail with sufficient postage on the date indicated below and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Date: 11 29 04

**FACSIMILE** 

[ ] facsimile transmitted to the U.S. Patent and Trademark Office.

Signature Language Manager Language

(Type or Print Name of Person Signing Certificate)